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## APPLICANTS

Yulun Wang, Goleta, CA;

Charles S. Jordan, Santa Barbara, CA;

Marco Pinter, Santa Barbara, CA; Jonathan Southard, Santa Barbara, CA;

*no m*  
 \*\* CONTINUING DATA \*\*\*\*\* *Yes*

This appln claims benefit of 60/449,763 02/24/2003

*no m*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>mem</i> Examiner's Signature _____ Initials _____	CA	10	36	6

## ADDRESS

01622  
 IRELL & MANELLA LLP  
 840 NEWPORT CENTER DRIVE  
 SUITE 400  
 NEWPORT BEACH , CA  
 92660

## TITLE

Healthcare tele-robotic system which allows parallel remote station observation

FILING FEE  RECEIVED 645	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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